

**SECRET**

DD/S 63-3949

Approved For Release 2003/06/20 : CIA-RDP84-00780R000300070006-8

18 SEP 1963

*Pers 11-1*

MEMORANDUM FOR: Comptroller

SUBJECT : Dental Health Insurance Plan

1. The Agency's new Dental Health Insurance Plan is to be implemented on 1 October 1963. The Deputy Director of Central Intelligence approved, as one of the conditions upon which the new program is being established, three positions for its operation.

2. The Insurance Branch in the Office of Personnel has already absorbed the workload increase of the Parents Associated Medical Assurance Program. The Branch is unable to take on the Dental Health Insurance Plan without a ceiling increase.

3. It is recommended that the personnel ceiling of the Office of Personnel be increased by three for the purpose of administering the Dental Health Insurance Plan.

Signed

L. K. White  
Deputy Director  
(Support)

cc: Director of Personnel

SPA-DD/S:JHP:fmf (17 Sept 63)

Distribution:

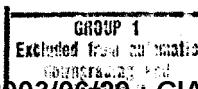
Orig & 1 - Adse

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1 - DD/S Chrono

✓ - DD/S Subject w/background

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x Pers 11-1

30 AUG 1963

MEMORANDUM FOR: Director of Personnel

SUBJECT : Request for Ceiling - DENTA Program

REFERENCE : Memo dtd 27 Aug 63 to DD/S fr A-D/Pers,  
same subject

While the Deputy Director did approve a ceiling increase to take care of the Dental Insurance Program, I believe we should go ahead with the program without a concurrent ceiling increase. However, at such time as the on-duty strength of the Office of Personnel approaches its ceiling I would like to reconsider the need for the increase.

Signed

L. K. White  
Deputy Director  
(Support)

Attachment:  
Reference Memo

SPA-DD/S:JHP:fmf ( 29 Aug 63 )

Rewritten:JHP:fmf ( 30 Aug 63 )

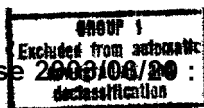
Distribution:

Orig & 1 - Adse w/O & 3cc's of DD/S 63-3655

1 - DD/S Chrono

X - DD/S Subject w/cc of DD/S 63-3655 & references

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MEMORANDUM FOR: Director of Personnel

SUBJECT : Request for Ceiling - DENIA Program

REFERENCE : Memo dtd 27 Aug 63 to DD/S fr A-D/Pers,  
same subject

1. For the week ending 24 August 1963 the Office of Personnel had an on-duty strength of 13 less than its interim ceiling and 39 less than its Fiscal Year 1964 Congressional ceiling. Although recruitment goals for Fiscal Year 1964 have not been firmly established, it is apparent that they will be less than those of Fiscal Year 1963 for which the Office of Personnel was given a ceiling increase.

2. The requested ceiling increase of three contained in paragraph 4 of the reference is disapproved for the present and will be re-examined when the Fiscal Year 1964 recruitment workload issue has been resolved.

L. K. White  
Deputy Director  
(Support)

SPA-DD/S:JHP:fmf ( 29 Aug 63 )

## Distribution:

Orig &amp; 1 - Adse w/O &amp; 3cc's of DD/S 63-3655

1 - DD/S Chrono

✓ - DD/S Subject w/cc of DD/S 63-3655 *re refs.*

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27 AUG 1963

**MEMORANDUM FOR : Deputy Director (Support)**

**SUBJECT : Request for Ceiling - DENTA Program**

**REFERENCES :**

- a. Memo from General Counsel to DD/S,  
Subject: Dental Health Insurance Plan,  
dated 25 October 1962
- b. Memo from DD/S to DDCI Transmitting  
Proposed Headquarters Employee Bulletin  
on Dental Insurance, dated 6 June 1963

1. This memorandum submits a recommendation for your approval. Such recommendation is contained in paragraph 4.

2. In July 1963 Agency employees in the Headquarters area were informed of a proposal from Mutual of Omaha to provide group dental insurance (DENTA). Interested employees were asked to complete and return a questionnaire and more than thirteen hundred employees did so. Some employees currently overseas who were not canvassed in July might be expected to subscribe. Although this number was less than expected, Mutual of Omaha has decided it can formalize its original proposal and issue a contract of insurance, if desired by the Agency. With an estimated initial enrollment of 1,600 or more, we feel that DENTA should be offered and made a part of the Agency's overall insurance program. Since the administration of this new program will require additional personnel above the current ceiling for the Insurance Branch which cannot be made available from the Office of Personnel ceiling, it is necessary to request an increase in the Office of Personnel ceiling before any further negotiations with the underwriter are conducted and the DENTA actually offered to employees for purchase.

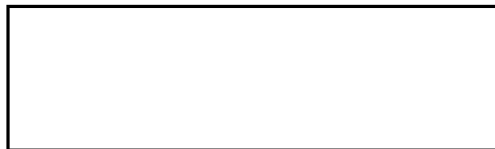
3. In our earlier discussions and preliminary review of personnel needed to administer DENTA, it was felt that seven employees were required to perform the various duties involved, i. e., receipt of premiums, bookkeeping, claims, files, etc. On the basis of our current estimate of the number of employees who will purchase DENTA initially, a minimum of three employees, rather than the seven originally approved in principle, will be needed to administer the program. We do not feel

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that the Insurance Branch can handle a new program within its current ceiling since it has already absorbed the new PAMA program which was effective on 1 June 1963 with no increase in staff. To add the new DENTA program without additional personnel would adversely affect the administration of other insurance programs, life and health, which have a greater enrollment, and we believe it unwise to implement DENTA within current ceiling. We believe GEHA should reimburse the Agency for the salary costs of one of the three positions and the premium rates include an allowance for this expense.

4. It is recommended that the Office of Personnel ceiling be increased by three for the purpose of administering the Dental Insurance Program.



Acting Director of Personnel

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The recommendation in paragraph 4 is approved.

*See dd/s memo dtd 30 Aug 63*  
L. K. White Date

Deputy Director (Support)

Distribution:

0 & 1 - AD/Pers

2 - DD/S Chrono Subject

1 - C/BS

1 - C/IB

OP/BS/ :lpb(27 Aug 63)

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TO:		DATE: 2/20/55	
ROOM NO.		EXTENSION	
REMARKS: Any comment on the attached? The next request appears to be a ceiling increase of 3 per person, and funds for 2 of the positions.			
FROM: R. V. H.			
ROOM NO.	BUILDING	EXTENSION	

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SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED	CONFIDENTIAL	SECRET	

CENTRAL INTELLIGENCE AGENCY  
OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	INITIALS	DATE
1	DD/S 7D18	/s/ W	30 Oct 62
2	Director of Personnel		
3			
4			
5			
6			

<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE

Remarks: Red: Attached are some thoughts on the Agency providing personnel to handle the dental program. [ ] tells me that perhaps the job could be done with as few as four people, but no one can really tell until the program is put into effect.

/s/ LRH

LRHouston

(H/w note by LKW)

Per our telecon of 30 Oct 62.

/s/ LKW

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.	DATE
General Counsel 7D01	10/25/62

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OGC 62-5398  
OGC 62-2598a

25 October 1962

**MEMORANDUM FOR: Deputy Director (Support)**

**SUBJECT: Dental Health Insurance Plan**

1. I am sympathetic to some Agency administrative support to the Dental Health Insurance Plan if it is put into effect, but I have not yet been persuaded that commitment of seven positions would be justified nor am I convinced that this is the type of fringe benefit that would have much appeal to employees or applicants who would, for the most part, merely see what the premium would be and would not, in all probability, comprehend that it had been decreased by the Agency furnishing of administrative support. The normal agency could provide no such support, and its health group would merely contract directly with the insurance agent, who would provide all the services pertaining to premium collections, review and adjustment of claims, and payments. With a large group coming in on a new contract, the insurance agent would presumably have to increase his administrative staff, and the resulting additional cost would be added to or absorbed in the contract price [ ] has spoken to the insurance agent in our case, who said he would have to add at least one or two positions if he handled all these people).

2. Since we impose a security restriction on the processing of claims and insist that it be done internally, in all probability we will have to provide more personnel than the insurance agent would have to add to his existing staff under normal circumstances. Consequently, such additional personnel are the direct result of the Agency's conditions, and the cost thereof could probably be borne by the Agency. It certainly should not be charged to the individual policyholder. Just how many additional people will be needed because of this is very difficult to say, particularly without any experience in this field by anyone, since I understand there is

STAT

no existing dental plan. It seemed to me it might be reasonable to determine that three positions would be an additional burden which could be provided by the Agency and that any others needed to process the claims could be supported by GEHA, presumably by some adjustment in the premium rates. Additional cost to the individual policyholder should be very little if any.

**LAWRENCE R. HOUSTON**  
General Counsel

DD/S Distribution:

O - D/Pers

→ 1 - DD/S subject

<u>Item - Individual Plan</u>		<u>Paid by Individual</u>	<u>Paid by Insurance Co.</u>
Premium - annual		15.00	
Break even dental expense	\$66.00		
Deductible - paid by individual	<u>50.00</u>	50.00	
Covered Expense	<u>\$10.00</u>		
Paid by individual	2.50	2.50	
Reimbursed by Insurance	7.50		<u>7.50</u>
		<u>67.50</u>	<u>7.50</u>
		7.50	
Cost to Individual (whether insured or not)		<u>\$60.00</u>	

<u>Item - Family Plan</u>		<u>Paid by Individual</u>	<u>Paid by Insurance Co.</u>
Premium		75.00	
Break even dental expense	200.00		
Deductible - paid by individual	<u>\$150.00</u>	150.00	
Covered Expense	<u>50.00</u>		
Paid by individual		12.50	
Paid by Insurance			<u>37.50</u>
		<u>237.50</u>	<u>37.50</u>
		37.50	
Cost to Family (whether insured or not)		<u>\$200.00</u>	

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Approved For Release 2003/06/20 : CIA-RDP84-00780R000300070006-8

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DDP 62-5091

Approved For Release 2003/06/20 : CIA-RDP84-00780R000300070006-8

**MEMORANDUM FOR : Deputy Director (Support)**

**SUBJECT : Dental Health Insurance Plan**

1. This memorandum contains a recommendation for DD/S approval. Such recommendation is contained in paragraph 9.
2. Mutual Benefit Health and Accident Association (Mutual of Omaha) has submitted a group insurance plan to provide comprehensive dental health care to members of GEHA, Inc. In the opinion of the GEHA Board of Directors, the plan appears to be very sound and one that would be most attractive to Agency employees.

3. In brief the plan offers four groups of services as follows:

- I. Routine Oral Examination Benefit
- II. Basic Dental Benefits
- III. Orthodontic Benefit
- IV. Complete Denture Replacement Benefit

Members may elect to take all four services or a combination of groups II, III, and IV or groups II and IV according to their needs. Premium rates are scaled from a low of \$.75 per month for a single plan of minimum services to \$6.25 per month for a family plan of all four services. The contract contains a \$50 deductible clause (for each member of the family for each policy year) and there are fixed limits to the total amounts payable for expenses incurred.

4. Taking into account the increasing costs of dental care, we be-



5. To undertake a program of this size and scope would require an increase in the staff of the Insurance Branch. Individual accounts would have to be opened for each member and maintained separately from present hospitalization accounts. Payroll deduction is not authorized for a plan of this kind and the monthly premiums will have to be collected directly from the member. With so many participants we would expect

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Excluded from automatic  
downgrading and  
declassification

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to process claims at the rate of about 20,000 a year. To handle this workload will require three claims adjusters, two bookkeepers and two clerk typists for an increase of five positions at GS-7 and two at GS-5.

6. The GEHA Board strongly recommends the adoption of this plan which it views as an essential addition to its overall insurance program. The Office of Personnel, however, does not have within its own ceiling limitations the ability to allocate seven additional positions to the Insurance Branch. We agree that the proposed dental health insurance plan presents an unusual opportunity to further advance employee relations by offering a fringe benefit of substantial value. To our knowledge no other Government agency has yet adopted such a plan which might give CIA a modest but useful advantage as an inducement in recruitment. The health factor also should be taken into account in that this insurance program could make it possible for members to give proper and timely attention to dental needs which they might otherwise feel they could not afford.

7. At our request the GEHA Board considered the possibility of establishing the plan on a self-sustaining basis at least to the extent of reimbursing the Agency for the salary costs incurred. The first year's salary cost of \$43,000 would require a minimum increase in premiums of approximately 12% if the anticipated membership of 8,000 policyholders is achieved. To provide against the possibility of a smaller membership and also to cover future periodic step increases it would be advisable to raise the premium charge by 15%. Any surplus that might result could be refunded to policyholders or used to pay for added benefits. Since GEHA has no other source of income which could be applied to this program, any deficit would have to be borne by the Agency until the loss could be recovered through additional premium increases. From the practical point of view the Dental Health Plan could be made self-supporting.

8. The Board members, however, expressed the view that to attempt to deal with a manpower problem of immediate moment by adopting a pay-as-you-go plan would be inconsistent with the long established aims of the Agency employee's benefits program. All of the GEHA insurance plans have been designed to provide extra benefits to employees and their families by offering better protection at lower costs than can be obtained elsewhere. We firmly believe that the Agency has profited greatly from this philosophy. At this time when in other areas we are seeking still greater benefits, such as the improved retirement system, it would appear to be taking a backward step to assess employees with the cost of a program which will accrue as much to the Agency's advantage as to the employee.

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9. We suggest for your consideration the possibility that the proposed dental health insurance plan could be regarded as a new activity whose manpower requirements could not be foreseen and thus merit consideration for a ceiling increase. It is recommended, therefore, that the Office of Personnel ceiling be increased by seven positions to implement the proposed new dental health insurance plan.

**Emmett D. Echols**  
**Director of Personnel**

**Concur:**

Chairman, GEHA Board of Directors

**The recommendation in paragraph 9 is approved:**

Deputy Director (Support)

Distribution:

- 0 & 1 - D/Pers
- 1 - DD/S
- 1 - C/GEHA
- 1 - C/BSD
- 1 - Stayback

OP/BSD/  lpb(2 Oct. 62)

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TO: .		DATE
Deputy Director of Central Intelligence		CIA-RDP84-00780R000300070006-8
ROOM NO.	BUILDING	
7D60	Hqs	
REMARKS:		
<u>C-O-P-Y</u>		
(H/w notes)		
Strongly recommend approval.		
/s/ LBK		
OK /s/ MSC		
8 June		
Seems to me the "show of interest" form is pretty close to a binding contract-- may scare off some people initially.		
(MSC)		
FROM:		
Deputy Director (Support)		
ROOM NO.	BUILDING	EXTENSION

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**SECRET**

DD/S 63-2183

*Pls 11/1*

6 JUN 1963

MEMORANDUM FOR: General Carter

The attached draft Bulletin is proposed as an announcement to all employees to explain a new Dental Insurance Plan which has been offered to the Agency and to determine if there is sufficient employee interest in such a plan to warrant its adoption.

The Director of Personnel recommends adoption of the plan but estimates that a maximum of seven additional personnel will be required to administer it. The General Counsel has determined that the cost of three of these positions could be borne by the Agency as a legitimate requirement arising out of the Agency's conditions, and any others needed could be supported by GEHA.

We now have ☐ employees in the Insurance Branch who handle the administration of thirteen separate insurance plans, including life, hospitalization, income replacement, and several air trip travel options. Twenty-four are paid from Agency funds and one is supported by GEHA. There are approximately ☐ policies in force. Agency administration of these insurance plans is unique in Government but it is necessary because



Adoption of the Dental Insurance Plan will cost the Agency three positions, therefore, and I would like your approval of that condition before circulating this announcement to all employees.

*151 LK 26*

L. K. White

EA-DD/S:RBF:maq (29 May 63)

Rewritten: EA-DD/S:RBF:maq (6 June 63)

Distribution:

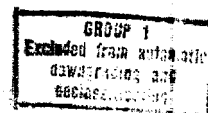
Orig - DDCI w/cy of DD/S 63-2183 (Pls return to DD/S)

1 - ER

1 - DD/S Subject w/cy of DD/S 63-2183

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DD/S 63-2183: Draft Headquarters Employee Bulletin, subj: Dental Insurance Plan (DENTA)



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Next 1 Page(s) In Document Exempt

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MEMORANDUM FOR: General Carter

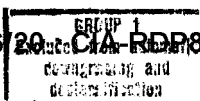
The attached draft Bulletin is proposed as an announcement to all employees to explain a new Dental Insurance Plan which has been offered to the Agency and to determine if there is sufficient employee interest in such a plan to warrant its adoption.

The Director of Personnel recommends adoption of the plan but estimates that a maximum of seven additional personnel will be required to administer it. The General Counsel has determined that the cost of three of these positions could be borne by the Agency as a legitimate requirement arising out of the Agency's conditions, and any others needed could be supported by GEHA. ]  
Adoption of the plan will cost the Agency three positions, therefore, and I would like your approval of that condition before circulating this announcement to all employees.

Recommend your approval.

L. K. White

**SECRET**



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DDIS 63-2183

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<b>CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP</b>		
TO	NAME AND ADDRESS	DATE
1	Deputy Director (Support)	
2		
3		
4		
5		
6		
ACTION	DIRECT REPLY	PREPARE REPLY
APPROVAL	DISPATCH	RECOMMENDATION
COMMENT	FILE	RETURN
CONCURRENCE	INFORMATION	SIGNATURE
<p><b>Remarks:</b></p> <p>The attached draft announcement covering our proposed dental insurance plan is forwarded for your review and approval prior to circularizing Agency employees to determine if there is sufficient interest in such a plan to warrant further implementation.</p> <p>Mr. Echols reviewed this and asked that we forward it to you with a note pointing out the following:</p> <p>a. According to General Counsel's memorandum of 25 October 1962 (DDS 62-5098), three of the estimated seven personnel required to handle this program might appropriately be paid by the (OVER)</p>		
FOLD HERE TO RETURN TO SENDER		
FROM: NAME, ADDRESS AND PHONE NO. 22 MAY 1963		
Acting Director of Personnel 5E56 Hara		
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secure handling of claims. Thus, the funds requirement for personal services would be for only three of these people. However, current practice is to charge ceiling even for reimburseable personnel such as those assigned to the Credit Union; therefore, seven ceiling slots would be required. We are not in a position to absorb either of these requirements within our present ceiling and budget authorizations.

6. Mr. Echols also felt that we should consider the publicity potential inherent in this proposal. Since it is almost unique--and unique to Government agencies--he believes that the underwriter and other parties interested in insurance will want to use our plan as an example and our experience as a basis for evaluating other similar proposals. He suggested that if we do proceed, it should be with awareness of the inquiries which may result.

We are anxious to proceed with this proposal if it meets with your approval. As suggested above, our next step would be to survey headquarters employees in order to determine the number of interested prospects.



HEADQUARTERS  
EMPLOYEE BULLETIN

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DENTAL INSURANCE  
(DENTA)

1. GENERAL

The Agency has obtained a proposal from Mutual of Omaha to provide a new comprehensive group dental health plan (DENTA) to eligible employees and their dependents. After reading this Bulletin each eligible employee at Headquarters interested in subscribing to this Plan should return the attached form to the Insurance Branch, Benefits and Services Division, Room 1 J 27, Headquarters, not later than \_\_\_\_\_.

2. ELIGIBILITY

This Plan would be open to all Staff Employees, Staff Agents, Career Agents who are United States citizens or resident aliens, and all full-time Contract Employees who are United States citizens or resident aliens and whose employment relationship is comparable to that of appointed employees. Coverage would include spouse, and unmarried children after they reach the age of 2 and until their 19th birthday. New "EOD's" would have to apply within 31 days of the date of entrance on duty. If not already a member of GEHA, a \$1.00 membership fee would be required.

3. Only this page of the Bulletin and the form to indicate your interest are classified. You may detach the details of the Plan, which are unclassified, for purposes of discussion with your family if you so desire.

RETURN TO: Insurance Branch  
Room 1 J 27  
Headquarters Building

I am interested in the proposed new Dental Plan. I intend to  
apply if it is offered.

- ☐ Self Only
- ☐ Self and Wife/Husband
- ☐ Self (Widow/Widower) and 1 Child
- ☐ Self, Spouse, and Child or Children
- ☐ Self (Widow/Widower) and 2 or More Children

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Typed or Printed

**DENTAL INSURANCE  
(DENTA)**

**1. ENROLLMENT**

- a. During the initial enrollment period no one would be excluded from the Plan because of age or pre-existing conditions. Eligible members who did not apply during the initial enrollment period would be permitted to enroll only during later "open periods", but in no event would the next "open period" be less than one year from the effective date of the Plan. A member covered by DENTA who subsequently marries may add his/her spouse if application is submitted within 31 days of marriage.
- b. Even though an employee is married he or she may elect to insure himself or herself only. Likewise, a man and wife may elect to insure themselves only even though they have unmarried children who are between the eligible ages. Changes in enrollment could thereafter occur only during subsequent "open periods".
- c. Since this type of insurance plan depends upon group participation, it will be necessary to have at least 75% of eligible members indicate a desire to enroll before the Plan could be offered at the premiums indicated.

**2. PREMIUM (Monthly)**

Employee only	\$1.60
Employee and spouse	\$2.85
Widow/Widower and 1 child	\$2.85
Employee, spouse, and child or children	\$6.60
Widow/Widower and 2 or more children	\$6.60

### 3. YEARLY DEDUCTIBLE AMOUNT

The Plan as proposed would require the employee to pay dental expenses in the following amounts, in each calendar year, before the Plan would begin to share the cost of dental care:

For employee	\$50.00
For spouse	\$50.00
For each child	\$50.00

NOTE: Where the employee takes the family plan (3 or more), the maximum deductible amount would be \$150.00 for the calendar year. For example, if the employee and two of his children incurred dental expenses of at least \$50.00 each, his wife or other children would not be required to incur \$50.00 in dental expenses before the Plan would begin to share expenses for her or their dental care during the calendar year.

The deductible will be reapplied at the beginning of each new calendar year. In the event the maximum amount payable (as described in paragraph 4) has not been paid during the previous calendar year, eligible expenses incurred during the first 90 days of the new calendar year will not be subject to a new deductible until after the maximum amount payable has been reached. This provision will apply only to eligible expenses for which treatment was started in the previous calendar year.

### 4. MAXIMUM AMOUNTS PAYABLE

This is defined as the total annual aggregate amount payable by the Plan for all covered expenses.

<u>Year in which eligible expenses are covered</u>	<u>Maximum for any one covered person</u>	<u>Maximum for Family Plan (3 or more)</u>
First calendar year	\$200	\$ 500
Second calendar year	\$300	\$ 750
Third and each succeeding calendar year	\$400	\$1,000

5. BENEFITS PAYABLE

The Plan would pay, after applying the deductible, usual and customary charges for the following treatment when rendered by a dentist or a dental hygienist:

a. Oral Examination and Basic Dental Treatment - 75% of charges up to the maximum

- (1) Prophylaxis (cleaning)
- (2) Oral examinations and diagnosis
- (3) X-rays if professionally indicated
- (4) Fillings (including inlays)
- (5) Crowns
- (6) Partial dentures and bridges
- (7) Initial, complete dentures
- (8) Extractions
- (9) Oral surgery
- (10) Periodontal treatment

b. Orthodontic Treatment - 60% of charges up to the maximum

Orthodontic treatment (straightening of the teeth not solely for cosmetic purposes) which commences while you are insured under this Plan will be covered. This includes the initial and subsequent, if any, installation of

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orthodontic appliances. The treatment must commence within 90 days of the date the Treatment Plan (see paragraph 6) is submitted; otherwise, a new Treatment Plan must be submitted.

The maximum Orthodontic Benefit for any one individual is \$400 during any one period of treatment, subject to the maximum payable under the policy. The maximum (\$400) will be reinstated in full for any period of treatment commencing five years or more after the end of the previous period of treatment.

c. Denture Replacement - 60% of charges up to the maximum

In the event the replacement of a complete denture is professionally indicated while your insurance is in force, benefits are payable up to 60% of the expense actually incurred for a replacement not the result of the theft or loss of your previous denture, after satisfaction of deductible, but not to exceed the applicable maximum amount payable. Denture replacement benefits are payable only after you have been insured for one year, except when the initial placement of an opposing complete denture requires the replacement of the existing complete denture.

Reimbursement for a complete denture replacement will not be made until at least five years have elapsed since the preceding denture placement or replacement was made.

NOTE: The repair of a denture or placement of an initial denture is covered under the provisions of paragraph 5 a at 75% of actual expenses incurred after satisfaction of the deductible, rather than the 60% provided for denture replacement.

## 6. TREATMENT PLAN

A treatment plan is a written report prepared by your dentist showing the recommended treatment of any dental disease, defect or injury.

To receive the benefits of the Plan, the treatment plan must be submitted to the Insurance Branch (within 10 days of examination for those located in the Headquarters area and 30 days for those located elsewhere) and must be approved before additional treatment is rendered. However, if in the course of a Routine Oral Examination dental work is completed in connection with a dental disease, defect or injury, and the cost of these services does not exceed \$75.00, the filing of a treatment plan is not required and these benefits will be payable at the rate of 75% of the amount in excess of the \$50.00 deductible.

## 7. EXPENSES NOT COVERED

- a. Those caused by or resulting from occupational disease, defect or injury,
- b. Those caused by or resulting from declared or undeclared war or any act of war,
- c. Those for prosthetic treatment or devices (bridges, crowns, etc.) under way on the effective date of this Plan, even though said work is completed after the effective date of this Plan,
- d. Those for orthodontic care for a patient receiving orthodontic treatment on the effective date of coverage of this Plan,

- e. Those for services rendered solely for cosmetic purposes.
- f. Charges for services rendered that are not usual and customary for the particular geographic area in which service is rendered.

#### 8. PAYMENTS OF BENEFITS

Benefits under DENTA will be paid only to the employee on a reimbursement basis. Claims must be substantiated by receipted bills, giving description of treatment, dates of treatment, and charge for each treatment. No identification cards will be issued.

#### 9. DEFINITIONS

- a. Dentist: is a person who is currently licensed to practice dentistry by the governmental authority having jurisdiction over the licensure and practice of dentistry.
- b. Dental Hygienist: is a person who is currently licensed to practice dental hygiene by the governmental authority having jurisdiction over the licensure and practice of dental hygiene and who works under the supervision and direction of a dentist.
- c. Usual and Customary Expense: is the usual and customary fee or charge for the services rendered and supplies furnished in the area where such services and supplies are recommended and approved by your dentist, (as determined by the Plan).
- d. Calendar Year: is a period of 12 months beginning on the first day of January and ending on December 31st of the same year.



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